



01-28-02

GP/2815/A

Please type a plus sign (+) inside this box → ☒PTO/SB/21 (6-98)
Approved for use through 09/30/2000. OMB 0651-0031
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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EV026160375US

TRANSMITTAL
FORM

(to be used for all correspondence after initial filing)

Application Number 09/559,903

Filing Date April 26, 2000

First Named Inventor Zhiping Yin

Group Art Unit 2815

Examiner Name G. Eckert III

Total Number of Pages in This Submission

Attorney Docket Number MI22-1427

ENCLOSURES (check all that apply)

☒ Fee Transmittal Form☒ Fee Attached☒ Amendment / Response☐ After Final☒ 2 pgs.
Affidavit declaration(s)
37 CFR 1.131☒ Extension of Time Request
One month☐ Express Abandonment Request☐ Information Disclosure Statement☐ Certified Copy of Priority Document(s)☐ Response to Missing Parts/
Incomplete Application☐ Response to Missing
Parts under 37 CFR
1.52 or 1.53☐ Assignment Papers
(for an Application)☐ Drawing(s)☐ Licensing-related Papers☐ Petition Routing Slip (PTO/SB/69)
and Accompanying Petition☐ Petition to Convert to a
Provisional Application☐ Power of Attorney, Revocation
Change of Correspondence
Address☐ Terminal Disclaimer☐ Small Entity Statement☐ Request for Refund☐ After Allowance Communication
to Group☐ Appeal Communication to Board
of Appeals and Interferences☐ Appeal Communication to Group
(Appeal Notice, Brief, Reply Brief)☐ Proprietary Information☐ Status Letter☒ Additional Enclosure(s)
(please identify below):PTO return receipt
postcard
Check in the amount of
\$110.00

Remarks

Customer No. 021567

The Commissioner is hereby authorized to charge any additional fees
required under 37 CFR Sections 1.16 and 1.17 and credit any
overpayments to: 23-0925.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm
or
Individual name

Bernard Berman; Wells St. John P.S.

Signature

Date

Jan 22, 2002

CERTIFICATE OF MAILING

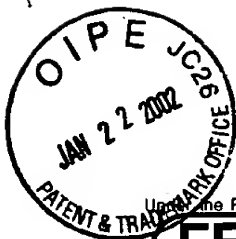
I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an
envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date:

Typed or printed name

Signature

Date

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case.
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EV026160375US

PTO/SB/17 (12/99)
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FEE TRANSMITTAL for FY 2000

Patent fees are subject to annual revision.
Small Entity payments must be supported by a small entity statement,
otherwise large entity fees must be paid. See Forms PTO/SB/09-12.
See 37 C.F.R. §§ 1.27 and 1.28.

TOTAL AMOUNT OF PAYMENT (\$) 110.00

Complete if Known

Application Number 09/559,903
Filing Date April 26, 2000
First Named Inventor Zhiping Yin
Examiner Name G. Eckert III
Group / Art Unit 2815
Attorney Docket No. MI22-1427

METHOD OF PAYMENT (check one)

1. ☒ The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit Account Number 23-0925

Deposit Account Name Wells St. John P.S.

- ☒ Charge Any Additional Fee Required
Under 37 CFR §§ 1.16 and 1.17

2. ☒ Payment Enclosed:

☒ Check ☐ Money Order ☐ Other

FEE CALCULATION

1. BASIC FILING FEE

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid
101	690	201	345	Utility filing fee	
106	310	206	155	Design filing fee	
107	480	207	240	Plant filing fee	
108	690	208	345	Reissue filing fee	
114	150	214	75	Provisional filing fee	

SUBTOTAL (1) (\$) 0.00

2. EXTRA CLAIM FEES

Total Claims	Extra Claims	Fee from below	Fee Paid
13	-20** =	X	
2	-3** =	X	
Multiple Dependent			= 0

**or number previously paid, if greater; For Reissues, see below

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description
103	18	203	9	Claims in excess of 20
102	78	202	39	Independent claims in excess of 3
104	260	204	130	Multiple dependent claim, if not paid
109	78	209	39	** Reissue independent claims over original patent
110	18	210	9	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$)

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid
105	130	205	65	Surcharge - late filing fee or oath	0.00
127	50	227	25	Surcharge - late provisional filing fee or cover sheet	0.00
139	130	139	130	Non-English specification	0.00
147	2,520	147	2,520	For filing a request for reexamination	0.00
112	920*	112	920*	Requesting publication of SIR prior to Examiner action	0.00
113	1,840*	113	1,840*	Requesting publication of SIR after Examiner action	0.00
115	110	215	55	Extension for reply within first month	110.00
116	380	216	190	Extension for reply within second month	0.00
117	870	217	435	Extension for reply within third month	0.00
118	1,360	218	680	Extension for reply within fourth month	0.00
128	1,850	228	925	Extension for reply within fifth month	0.00
119	300	219	150	Notice of Appeal	0.00
120	300	220	150	Filing a brief in support of an appeal	0.00
121	260	221	130	Request for oral hearing	0.00
138	1,510	138	1,510	Petition to institute a public use proceeding	0.00
140	110	240	55	Petition to revive - unavoidable	0.00
141	1,210	241	605	Petition to revive - unintentional	0.00
142	1,210	242	605	Utility issue fee (or reissue)	0.00
143	430	243	215	Design issue fee	0.00
144	580	244	290	Plant issue fee	0.00
122	130	122	130	Petitions to the Commissioner	0.00
123	50	123	50	Petitions related to provisional applications	0.00
126	240	126	240	Submission of Information Disclosure Stmt	0.00
581	40	581	40	Recording each patent assignment per property (times number of properties)	0.00
146	690	246	345	Filing a submission after final rejection (37 CFR § 1.129(a))	0.00
149	690	249	345	For each additional invention to be examined (37 CFR § 1.129(b))	0.00
Other fee (specify)					0.00
Other fee (specify)					0.00

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$) 110.00

SUBMITTED BY

Name (Print/Type) Bernard Berman
Signature *Bernard Berman*

Registration No. (Attorney/Agent) 32,279

Complete (if applicable)

Telephone 509-624-4276

Date Jan 22, 2002

WARNING:

Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

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